

Case Number:	CM15-0022985		
Date Assigned:	02/12/2015	Date of Injury:	06/24/1999
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old male who reported an injury on 06/24/1999. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with joint pain in the shoulder region, lower leg pain, cervical degenerative disc disease, cervical postlaminectomy syndrome, bulging lumbar disc and cervicgia. The injured worker presented on 01/21/2015 with complaints of a flareup and low back pain with radiation into the left lower extremity. The injured worker reported a failure to improve symptoms with the use of gabapentin and Lyrica for neuropathic pain. Previous conservative treatment also includes opioid medication, chiropractic therapy, physical therapy and a lumbar epidural steroid injection. The injured worker utilizes Norco and Soma. Upon examination, there was a slow and steady gait, decreased range of motion in the lumbar spine, sensory deficit in the left L5 and S1 dermatomes, positive straight leg raise on the left, decreased right shoulder range of motion, decreased right knee range of motion, and decreased cervical range of motion with sensory deficit in the right upper extremity in the C6-7 dermatome. Recommendations included continuation of the current medication regimen as well as a repeat lumbar epidural steroid injection at L5-S1. A Request for Authorization form was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone acetaminophen 10/325mg quantity 35: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed to respond to nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker was initially issued a prescription for Norco 10/325 mg in 05/2013. There was no documentation of objective functional improvement despite the ongoing use of this medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.